

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043413

Registration District No. 374

Primary Registration District No. 4350

Registrar's No. 18

STATE FILE NUMBER

AMENDED

FILED NOV 21 1961

1. PLACE OF DEATH

a. COUNTY Worth County Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Sheridan Missouri

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION South part of SheridanInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Worth

c. CITY OR TOWN Sheridan

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Ervin Monroe Shelman

4. DATE OF DEATH

Month

Day

Year

November 12 1961

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

8/10/1961

9. AGE (last birthday)

65

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

2

2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farming

10b. KIND OF BUSINESS OR INDUSTRY

farming

11. BIRTHPLACE (City and state or country)

Pickering Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Shelman

13b. MOTHER'S MAIDEN NAME

Jane Boatright

14. NAME OF HUSBAND OR WIFE

Mrs Opal Shelman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Address

Mrs Opal Shelman Sheridan Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Intestinal Obstruction with
dehydration syndrome
(similar episode 1yr ago)INTERVAL BETWEEN
ONSET AND DEATH
1 weekConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Parkinson's Syndrome

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1958, to nov 12, 61 and last saw him alive on Nov 11, 61

Death occurred at 10am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Frank B Matteson MD

22b. ADDRESS

Grant City, Mo.

22c. DATE SIGNED

11/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/14/1961

23c. NAME OF CEMETERY OR CREMATORY

Luteston Cemetery

23d. LOCATION (City, town, or county)

Sheridan Missouri

24. FUNERAL DIRECTOR

ADDRESS

John Andrews Grant City Missouri

25. DATE REC'D. BY LOCAL REG.

November 18 1961

26. REGISTRAR'S SIGNATURE

Leta E. Dawson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by John Andrews, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 4211

P. O. Address Grant City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.